

CLAIMS ONLY						Application Number 10765469	Filing Date				
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	
1							51				
2		1					52				
3	1						53				
4		1					54				
5		1					55				
6							56				
7		1					57				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	4						Total Indep				
Total Depend	13						Total Depend				
Total Claims	17						Total Claims				